



### B.3.2 (c)

## PARENT/GUARDIAN CONSENT TO RELEASE OF YOUTH RECORDS

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, a youth in the custody of the Louisiana Office of Juvenile Justice, do hereby give my consent to release the records of my child to \_\_\_\_\_, the attorney representing him/her.

I hereby authorize the above-named attorney to view/receive copies of my child's records. I understand that included in my child's records are social, family-history, and medical/mental health information.

Further, I have initialed below where it is my intention to waive my child's confidentiality, and specifically authorize release to his/her attorney the following named documents.

\_\_\_\_\_ By placing my initials here, I am confirming that I intend to waive my child's rights to confidentiality as to these particular records, and allow my child's attorney to view/copy any psychological and psychiatric documents, including but not limited to evaluations, reports and progress notes.

\_\_\_\_\_ By placing my initials here, I am confirming that I intend to waive my child's rights to confidentiality, and allow the attorney to view/copy my child's **education** information.

\_\_\_\_\_ By placing my initials here, I am confirming that I intend to waive my child's rights to confidentiality, and allow the attorney to view/copy any **substance abuse (alcohol/drug) treatment** information which may be included in my child's records.

\_\_\_\_\_ By placing my initials here, I am confirming that I intend to waive my child's rights to confidentiality, and allow the attorney to view/copy any **HIV/AIDS** information which may be included in my child's records.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness